



SCHOLARSHIP REGISTRATION FORM

A limited number of scholarships are available for consumers and family members through a grant from the Governor's Council for People with Disabilities.

Please send in your form as soon as possible

Name: _____

Occupation: _____

Agency/Organization: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone #: _____

Email Address: _____

I AM A:	
CHECK ONE	_____ Consumer
	_____ Family Member
	_____ Person in Recovery

PLEASE RETURN NO LATER THAN MAY 22, 2009

***Annual Meeting Scholarships
Mental Health America of Indiana
1431 N Delaware Street
Indianapolis, IN 46202***

Mail in form to the address above - or FAX form to 317 638-3540

***Scholarships are limited to available funding and will be issued on a
First come - First Serve Basis***

You will be notified if you have been given a scholarship to attend